## **Family Files**

## Must contain the following information for every adult member:

- 1. Application signed and dated by each adult member
- 2. Lease and addendums signed and dated by each adult member
- 3. Annual Recertification notice
- 4. Release of information form 9886 2/07 release date (Section-8 only)
- 5. Photo ID, SS card, Citizenship declaration (SAVE program results for immigrants-w/eligibility determination)
- 6. Race and Ethnicity form (Section-8 only)
- 7. Income must include all sources of income including income from assets, education grants and scholarships, recurring gifts, child support
- 48. Determining Income how are we asking the questions? How are we capturing all potential sources, Zero income certifications/Survival Affidavits
- 9. Student Rule for LIHTC and Section 8 (part of income information in item 7 above)
  - 10. Criminal background check w/Sex Offender results (section-8 only)

### APPLICATION PACKAGE HOME PROPERTIES

1.	Cov	er Sheet (New Move-In Application Review Form)	
	App	lication – Time and Date Stamped	
		Complete, including the following forms:	
	1.	Student Status Certification – one for each adult	
	2	Student enrollment/assistance Verification (if applicable)	
<b>k</b> 3.	Tena	ant Income Certification form (TIC) or whatever form agency uses	
		me Certification Checklist w/verifications along with Tenant Release Consent	
1		Income Worksheet	
	2.	Employment Verification (3 <sup>rd</sup> party)	
	3.	Self-employment/ Business (3 years of tax returns)	
	4.	Social Security/ SSI Benefit (current year award letter)	
	5.	Zero Income (applicant/tenant self certifies)	
	6.	TANF/AFDC	
	7.	Child Support w/Court Order & family registry printout	
	8.	Unemployment (award letter)	
		Other income	
\$.	Asse	t Certification Checklist w/ verifications along with Tenant Release Consent	
•	1.	Checking/ Saving/ Stocks/ Bonds Accounts etc. (3 <sup>rd</sup> party)	
6.	ID Ir	formation including the following forms:	
	1.	Social security cards for ALL HH members	
		Valid Photo ID for all applicants over age 18	
	3.	Applicant Citizenship Declaration Form – one for each HH member	
		*SAVE program verification if needed	

SAMPIE

4his is what every file should contain.

# EXHIBIT R CERTIFICATION QUESTIONNAIRE

Last Name				Apartment # Pho						
Dear Applicant: The information on this form is needed in order to re-certify your household as required by the LIHTC program. Please complete this entire form and leave no blanks.										
	IF THERE ARE ANY QUESTIONS THAT YOU DO NOT UNDERSTAND, PLEASE CALL THE APARTMENT MANAGER. WE THANK YOU IN ADVANCE FOR YOUR COOPERATION.									
			PART I. H	OUSEHO	LD COMPOSIT	ION				
HH Membe	er	FULL NAME	RELATIONSHIP	DATE OF BIRTH	STUDENT? (ANSWER YES FOR GRADES K-12)	Full-Time Student?	Part-Time Student?	Receiving any source of income?		
1			Head of Household		Yes No No	Yes No	Yes No	Yes No		
2					Yes No	Yes ☐ No ☐	Yes □ No □	Yes No		
3					Yes No 🗆	Yes ☐ No ☐	Yes No	Yes No		
4	7				Yes No	Yes ☐ No ☐	Yes No	Yes No		
5		34			Yes No No	Yes No	Yes No	Yes No		
6					Yes 🗌 No 🗍	Yes □ No □	Yes No No	Yes No		
Do von e	evne	ct any additions to	the household win	thin the n	evt 12 months?	,				
Do you c	скрс	et any additions to								
			PART	ſ II. TENA	NT INCOME					
INCOME IN	nfori No	MATION				Mo	ONTHLY GROSS INCOME	HH MEMBER#		
		I/we am self employed. (I	ist nature of self employn	nent)		(use	net income from busines			
		I/we have a job and receive other compensation:	re wages, salary, overtime	pay, commiss	ions, fees, tips, bonus					
			Name o	f Employer						
			1)			s				
			2)							
型架		SE AIF YES TO THE	QUESTION ABOVE	COMPLE	TE PART III BEI	ow.		V CHARTSTON		
		I/we receive cash contribu from persons not living wi is paid directly by the gift-	tions or gifts including rer th me (exclude groceries a	nt or utility pay	yments, on an ongoin	g basis		. 3 (ABA)		
	<b>-</b>	I/we receive unemploymen	nt benefits.							
	<del>-</del>	Vivo manina Votaran la A d	minimum C1 Dill NI		0.6E	\$				
	۱ ا	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.								
	<b>-</b>	I/we are a full-time or part-time student and receive educational assistance in the forms of grants,								
		scholarships, or fellowship	\$	-						
	J	I/we receive periodic socia								
	-		coverny meome (agr).			\$				
	<del>5  </del>	The household receives un	earned income from famil	y members ag	e 17 or under (examp	le: Social				
		Security, Trust Fund disbut	<u> </u>			\$				
	۱ ل	I/we receive disability or de	eath benefits other than So	ocial Security.		\$				

Revised 8/15/2008

	PART V. ASSET INFORMATION CERTIFICATION QUESTIONNAIRE							
YES	NO		HH MEMBER(S)	INTEREST RATE	CASH VALUE			
		I/we have a checking account(s).						
ŀ		If yes, list bank(s) and the account number(s)						
		1)		%	\$			
1		2)		%	\$			
		I/we have a savings account(s)						
		If yes, list bank(s) and the account number(s)						
		1)		%	<b>S</b>			
		2)			8			
		I/we have a revocable trust(s)		1	J			
"	П	1						
		If yes, list bank(s) and the account number(s)						
				%	\$			
		I/we own real estate (or hold a mortgage or Deed of Trust).						
		If yes, provide description:						
					\$			
		I/we have personal property that is being held as an investment.						
		If yes, provide description:						
				%	\$			
		I/we own stocks, bonds, or Treasury Bills		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		If yes, list sources/bank names and the account number(s)						
		1)		%	\$			
	- 1	2)		%	\$			
		I/we have Certificates of Deposit (CD) or Money Market Account(s)		/ /	<u> </u>			
		If yes, list sources/bank names and the account number(s)						
					•			
		1)		%	\$			
		2)		%	\$			
		I/we have an IRA/Lump Sum Pension/Keogh Account/401K.						
	-	If yes, list bank(s) and the account number(s)		i I				
		1)		%	\$			
		2)		—— <sup>7</sup> %	\$			
		I/we have a life insurance policy (exclude term policies).		//	3			
ш								
	(-)	If yes, what is/are the account number(s)			\$			
	Ļ	I/we have cash on hand or cash in a safe deposit box.			\$			
		I/we have disposed of assets (i.e. gave away money/assets) for less						
_		than the fair market value in the past 2 years.						
		If yes, list items and date disposed:						
		2)			\$			
		2)	·····	li	\$			
		I/we have income from assets or sources other than those listed			·			
_	_	above.						
		If yes, list type below:			•			
		PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE ANI		%	\$			
UNDER P	PENALTIES OF FANDS THAT P	PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE ANI ROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES AN ACT OF FRAUD. FALSE,	D ACCURATE TO THE BEST OF MY/O	OUR KNOWLEDGE. TH	E UNDERSIGNED FURTHER			
		MINATION OF THE LEASE AGREEMENT.		Distriction WELL RESC				

PRINTED NAME OF APPLICANT/TENANT SIGNATURE OF APPLICANT/TENANT DATE WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) DATE

# EXHIBIT B EMPLOYMENT VERIFICATION

	THIS SECTION TO BE	COMPLETED BY MANAG	EMENT AND EXECU	JTED BY TENANT
TO:	(Name & address of employer)		Date:	
RE:	Applicant/Tenant Name			
	Applicant/Tenant Name	So	ocial Security Number	Unit # (if assigned)
I hereby	authorize release of my employment infor	mation.		
	Signature of Applicant/Tenar	nt		Date
The indiremain o	vidual named directly above is an applicar confidential to satisfaction of that stated pur	nt/tenant of a housing program tha rpose only. Your prompt response	t requires verification of it is crucial and greatly appro-	ncome. The information provided wi
	Project Owner/Management A	gent		
		Return Form To:		
	THIS S	SECTION TO BE COMPLE	TED BY EMPLOYER	
Employe	ee Name:	ioh Title		
	/ Employed: Yes Date First E			
	Wages/Salary: \$ (circle of			
	# of regular hours per week:			through//
Overtime	Rate: \$ per hour	Average # of overtin	ne hours per week:	<u> </u>
Shift Dif	ferential Rate: \$ per hour	Average # of shift di	fferential hours per week:	
Commiss	sions, bonuses, tips, other: \$(cir	cle one) hourly weekly bi-v	veekly semi-monthly	monthly yearly other
List any	anticipated change in the employee's rate o	f pay within the next 12 months:		; Effective date:
f the em	ployee's work is seasonal or sporadic, plea:	se indicate the layoff period(s):		
Addition	al remarks:			
	Employer's Signature	Employer's Printed Nar	ne	Date
	2	Employer [Company] Name and	i Address	
	Phone #	Fax#		E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

#### **EXHIBIT C**

#### **INCOME VERIFICATION**

(for self-employed persons)

I hereby attach copies of my individual federal and state income tax returns as filed with the IRS and certify that the information shown on such income tax returns is true and complete to the best of my knowledge and that any income tax returns not filed were not required to be filed.

I hereby certify to the best of my ability, that I anticip  ———.	ate my income fo	or the next 12 months to be \$
Name (Please Print)	Date	
Signature		
STATE OF COLORADO		
COUNTY OF		
Before me personally appearedhe/she/they executed the foregoing instrument this	day of	who acknowledged to me that, 19
	Notary Pul	blic
[NOTARY SEAL]	My Comm	ússion Expires:

#### EXHIBIT J

#### PUBLIC ASSISTANCE VERIFICATION

(for TANF, formerly AFDC and other Public Assistance)

The undersigned individual has applied for or resides in a rental housing unit located in a development which has been allocated a "low income housing tax credit" from the Colorado Housing and Finance Authority. Income statements of certain prospective and existing residents must be stringently verified. Please provide assistance information as indicated below.

NUMBER IN FAMILY:
TANF AMOUNT:
GENERAL ASSISTANCE:
OTHER ASSISTANCE-TYPE:
OTHER ASSISTANCE-AMOUNT:
TOTAL MONTHLY ASSISTANCE:

Remarks:	
I hereby certify that the statements about	ove are true and complete to the best of my knowledge.
Name (Please Print)	Title (Please Print)
Signature	Date
I hereby grant you permission to disck	dent Consent to Release Information ose my income to nay determine my income eligibility for rental of an apartment located in a "low income housing tax credit" allocation from the Colorado Housing
Name (Please Print)	Date
Signature	<del></del>
Please send to:	

#### **EXHIBIT I**

#### BENEFIT VERIFICATION

(for Social Security Benefits and Supplemental Security Income)

The undersigned individual has applied for or resides in a rental housing unit located in a development which has been allocated a "low income housing tax credit" from the Colorado Housing and Finance Authority. Income statements of certain prospective and existing residents must be stringently verified. Please provide benefit information as indicated below:

TYPE OF BENEFIT: GROSS FEDERAL AMOUNT: GROSS STATE AMOUNT: TOTAL CURRENT INCOME: I hereby certify that the statements above are true and complete to the best of my knowledge. Name (Please Print) Title (Please Print) Signature Date Resident Consent to Release Information I hereby grant you permission to disclose my income to , in order that it may determine my income eligibility for rental of an apartment located in their development which has received a "low income housing tax credit" allocation from the Colorado Housing and Finance Authority. Resident Name (Please Print) Signature Date Please send to:

### EXHIBIT D

### UNEMPLOYED RESIDENT'S AFFIDAVIT

Before me this		day of	of, 19, personally appeared, who, being duly sworn, deposes and says:				
1.	I currently re	ent an apartment in					
2.	Check (a) or	(b) as applicable:	v.				
	(a)	I am not presenthe next twelve	ntly employed but anticipate becoming employed within emonths.				
	(b)		ntly employed and do not anticipate becoming employed twelve months.				
3.	the most rece	ent tax year (copy a	nce, skills, and income history as reflected in my income tax return for trached) and with adjustments to reflect circumstances anticipated expect to earn \$ per year when I become				
			RESIDENT				
STATE OF CO	LORADO						
COUNTY OF							
Before me pers executed the fo	onally appeared regoing instrun	d day o	who acknowledged to me that he/she/they of, 19				
			Notary Public				
[NOTARY SEA	AL]		My Commission Expires:				

VERIFICATION O	VERIFICATION OF STUDENT STATUS AND FINANCIAL ASSISTANCE							
	Return to:							
Phone: Fax:	Phone:							
Applicant/Resident: You do not organization supplying this infor	_	the requesting organization or the						
I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate form, attached to a copy of this consent.								
Signature:	Social Securi	ty #:						
Applicant/Resident Name (print):		Date:						
page (via fax or mail) to assure timely processing of the applicant for housing. The applicant/resident has consented to the release of this information as shown above. PLEASE RETURN WITHIN 3 DAYS!  1. Is this school an institution of higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? Yes No								
If no, explain:								
	l a student at this education ins	titution? 🗌 Yes 🗌 No						
# of semesters/per current cal 3. If yes, is the student enrolled	endar year:part ime? Part ime?	Fime Full-time						
	part time of fair time are							
5. Expected date of graduation:								
6. Cost of tuition (only) per sem								
	2	lf of this individual under the Higher						
		e sources, or from an institution of higher						
education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)). <b>DO NOT</b> include loan proceeds in this section.								
Source of Assistance / Funding	Total Tuition Per Semester	<b>Total Non-Tuition Amount Per Semester</b>						
	\$	\$						
0	\$	\$						

# EXHIBIT E ASSET CERTIFICATION

Complete only one form per household; include assets of children.

ŀ	lousehold	l Name:				Unit No.		
Б	evelopm	ent Name:				City:		
C	Complete	all that apply	for 1 through 4	:				
i.	. My/o	ur assets inclu	ıde:					
	Casl Value		Annual Income	Source	Cash Value*	Int. Rate	Annual Income	Source
	\$	<del>.</del>		_ Savings Account	<u>\$</u>	·	\$	_ Checking Account
	\$	<del></del>		_ Cash on Hand	\$	·	\$	_ Safety Deposit Box
	\$			_ Certificates of Deposit	\$		\$	_ Money market funds
	\$		_ \$	_ Stocks	<u>\$</u>		\$	Bonds
	\$		\$	_ IRA Accounts	\$		\$	_ 401K Accounts
	\$		\$	_ Keogh Accounts	\$		\$	_ Trust Funds
	\$		\$	_ Equity in real estate	\$		\$	_ Mortgage/Deed of Trus
	\$		\$	_ Lump Sum Receipts	\$		\$	_ Capital investments
	\$		\$	Life Insurance Policies (	excluding Term)			
	\$		\$	Other Retirement/Pensio	n Funds not named a	above:		
	\$		\$	Personal property held as	s an investment**:			
	\$		\$	_ Treasury Bills:				
	\$		\$					
	*Cash valu penalties, *Personal j	ne is defined as i etc. property held as	market value minus . an investment may	the cost of converting the asset include, but is not limited to, o, household furniture, daily-us	to cash, such as broker's	s fees, settler	ment costs, outstan	ding loans, early withdrawal
2.		their fair marl	ket value (FMV).	I/we have sold or given aw Those amounts* are include he amount received, for each	led above and are equ	ual to a tota	al of: \$	
3.		l/we have <u>not</u> years.	sold or given av	vay assets (including cash,	real estate, etc.) for	less than f	air market value	e during the past two (2)
4.		I/we do not ha	ave any assets at t	his time.				
Th fro	e net fan m the ne	nily assets (a t family asset	s defined in 24 s is \$	CFR 813.102) above, (ch	eck one): do do s included in total g	o note gross annu	exceed \$5,000 a al income.	and the annual income
Γhe	undersig	gned further u	nderstand(s) that	he information presented ir providing false representat f a lease agreement.				
Арј	olicant/Te	enant		Pate A <sub>I</sub>	pplicant/Tenant		Dat	te

#### EXHIBIT E-I

#### ASSET VERIFICATION AND RELEASE

I hereby grant you permission to disc in order in order housing tax credit allocation from the	er to determine income eligibil	lity for rental of a develor	oment which has received a "lo	w income
Name of Resident (Please Print)				
Signature	Date			
Please send to:				
Value of the second		La companya da Para		
Type of Asset	Value of Asset*		Annual Income from Ass	et
	_		<del></del>	
* If asset is a checking account, please	e provide 6 months average of	f value of asset.		
Name (Please Print)		Title (Please Print)		
Signature	Date	-		

Al	FFIDAVIT OF RESIDENCY					
I,under the laws	, swear or affirm under penalty of perjury of the State of Colorado that (check one):					
I am a United Sta	ates citizen, or					
I am a Permanen	t Resident of the United States, or					
I am lawfully pre	esent in the United States pursuant to Federal law.					
I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.						
Signature	Date					
Name (nlease print)	Social Security Number					

	ПВІТ А - TENA				ATION	Effective D	ate:	
[] [	nitial Certification	☐ Rece		Other		I (MM/DD/YY	YY)	
Dronart	u Nomo			- DEVELOPM				
	y Name:					ounty:		
Address						nber:		ns:
· · · · ·	PART					USEHOLD MEN		
HH Mbr#	Last Name	First	t Name & Middle Initial	Relationsh of Hous		Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	(Optional) Soci Security or Alien Reg. No
1	····			HE	AD			Or Ameri Reg. 140
2								
3							5.5	
4								
5								
6								
7								
		PART III	I. GROSS ANNU	AL INCOME	(USE ANN	UAL AMOUNTS	5)	
HH Mbr#	(A) Employment or Was		(B Soc. Securit	)		(C) c Assistance		(D) her Income
						<u> </u>		
			<del> </del>					
TOTALS	Ι Ψ		\$		\$		\$	
Add	totals from (A) throug	th (D), al	oove		TOT	AL INCOME	\$	
		·	DADTE DA	ENICON ED ED	28.4 + OOE	(E):		
Hshld	(F)		PART IV.	INCOME FRO	DM ASSET	<u> </u>		(I)
Mbr#	Type of A	sset	Ċ	1		of Asset	Annual In	come from Asset
	·							
				-				
<u>-</u>			TOTAL	S: \$			\$	
Enter C	Column (H) Total		Passbook I					
If	over \$5000 \$		X 2.00	%	= (J)	Imputed Income	\$	
Enter the gi	eater of the total of column	I, or J: im	puted income	TOTAL INC	OME FROM	ASSETS (K)	\$	
	(L) Total A	nnual H	ousehold Inco	me from all S	Sources [A	dd (E) + (K)]	\$	_
	· ,							
		Н	OUSEHOLD CE	RTIFICATIO	& SIGNA	TURES		
erification	tion on this form will be use of current anticipated annua nember moving in. I/we agr	l income.	I/we agree to notil	y the landlord in	nmediately u	pon any member o	the household n	n Part II acceptable noving out of the uni
Inder penal he undersig	ties of perjury, I/we certify gned further understands than the termination of the leas	that the inf it providing	ormation presente g false representat	d in this Certific	ation is true	and accurate to the	best of my/our k	nowledge and belief complete information
Signature			(Date)	Sig	nature			(Date)
Signature		_	(Date)	. Sis	nature			(Date)